



**FEDERAL AND INDIANA STATE INCOME TAX
WITHHOLDING FOR MONTHLY BENEFIT**
State Form 53465 (12-07)
Approved by State Board of Accounts, 2008

Indiana State Teachers' Retirement Fund
150 West Market St., Suite 300
Indianapolis, IN 46204-2809
Telephone: (317) 232-3860 /
(888) 286-3544
Website: www.in.gov/trf

PRIVACY NOTICE

Your Social Security Number is being requested pursuant to IRS Code 3405. Disclosure is mandatory and this document cannot be processed without it.

MUST USE BLACK OR BLUE INK

FEDERAL INCOME TAX WITHHOLDING

This section is mandatory and must be submitted with application.

Full name		Social Security number	
Street address		TRF number	
City	State	ZIP code	Telephone number () -
I authorize the Indiana State Teachers' Retirement Fund to withhold the following dollar amount <u>each month</u> for Federal Tax Withholding:		\$	
Signature		Date (<i>month, day, year</i>)	
This section of the form is required for retirement processing. Please consult a qualified tax professional if you have questions regarding the tax status of your retirement income.			

INDIANA STATE INCOME TAX WITHHOLDING

This section is voluntary. If you would like to have Indiana State Income Tax withheld, please complete this section.

The Indiana State Income Tax Rate is 3.4%. The 3.4% rate does not include county tax.

Full name		Social Security number	
Street address		TRF number	
City	State	ZIP code	Telephone number () -
I authorize the Indiana State Teachers' Retirement Fund to withhold the following dollar amount <u>each month</u> for Indiana State Tax Withholding:		\$	
I hereby request voluntary Indiana State Income Tax Withholding from my monthly pension/annuity payments.			
Signature		Date (<i>month, day, year</i>)	